



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

05 JUN 17 AM 11:19

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Havenwood Home Care of Boise

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>O'Keefe Enterprises, LLC</u> <u>W 39842</u>	<u>5096 N Backwater, Boise, Id 83714</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Theresa O'Keefe
5096 N Backwater
Boise, Id 83714

Phone number (optional):

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Theresa O'Keefe
(signature required)

Printed Name: Theresa O'Keefe

Capacity/Title: Member

(see instruction # 8 on back of form)

g:\corp\forms\stan_forms\stbn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/17/2005 05:00
CK: 9435 CT: 150010 BH: 016706
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 88880